

UNOFFICIAL COPY

HOME IMPROVEMENT GRANT AGREEMENT

THIS AGREEMENT, made this 15th
day of March, 2001
by _____ and _____
between
Helen Pelleck

0010287020

5468/0032 87 006 Page 1 of 22

2001-04-10 10:20:32

Cook County Recorder 63.00



(hereinafter "**OWNER**"), and the
VILLAGE OF SKOKIE, (hereinafter
"**VILLAGE**"), an Illinois municipal
corporation located at 5127 Oakton
Street, Skokie, Illinois. The
VILLAGE and **OWNER** shall jointly
be referred to as "Parties".

**COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
SKOKIE OFFICE**

WITNESSETH:

WHEREAS, the **VILLAGE** operates a Housing Improvements Program (hereinafter
"Program") to financially assist low and moderate income Skokie homeowners with various
home repairs in order to maintain the quality of their homes and reduce home energy
consumption; and

WHEREAS, eligible home improvements for the Program include, but is not limited to,
improvements which are visible to the public, improve the neighborhood, and are life/safety
issues such as correcting basement flooding, most weatherization work, roof repairs or
replacement, tuckpointing, exterior painting, furnace repair or replacement and major structural
repairs; and

WHEREAS, normal home maintenance such as interior painting, carpeting, or kitchen
remodeling or other decorating projects are not eligible home improvements under the
Program; and

WHEREAS, **OWNER** of the property commonly known as 8116 Keystone in
Skokie, Illinois of which legal description is attached hereto, marked exhibit "1",

submitted an application to the **VILLAGE** requesting to participate in the Program, a copy of
which is attached hereto, marked Exhibit "2" and hereby made a part of this **AGREEMENT**;
and

WHEREAS, the **VILLAGE** caused an inspection of the subject premises to verify the
need for the requested work and provided the **OWNER** with an inspection report, a copy of
which is attached hereto, marked Exhibit "3" and hereby made a part of this **AGREEMENT**;
and

WHEREAS, the subject premises is a residential property improved with either a single-
family home, condominium, townhouse, two-flat or cooperative located within the **VILLAGE**;
and

WHEREAS, the **VILLAGE** has reviewed the aforesaid application and has determined
that the **OWNER's** participation in the Program is in the **VILLAGE'S** best interest and is in

Box 429

- a. OWNER'S Annual Social Security Statements for the last two years
- b. An Affidavit of Income; and

VILLAGE:

AGREEMENT. In further proof thereof **OWNER** has submitted the following documents to the Federal Government as specified in Exhibit "5" attached hereto and hereby made a part of this annual household income does not exceed the very low income limits established by the **OWNER** represents to the **VILLAGE** that **OWNER'S** total **Financial Eligibility.**

- a. Title policy or Letter of Opinion from Chicago Title and Trust Company; or
- b. Torrens Certificate; or
- c. If legal title is in a Trust, a certified copy of the Trust Agreement, letter of direction and certification as to the current beneficiary under such Trust Agreement. A copy of the submitted document(s) is/are attached hereto, marked Exhibit "4", collectively, and hereby made a part of this **AGREEMENT.**

Subject Premises. In further proof thereof **OWNER** has submitted to the **VILLAGE:**

- 4. Documentation. **OWNER** represents that he or she is the legal title holder to fees for the Project and related Work.
- 3. Issuance of Grant. Pursuant to **OWNER'S** participation in the Program, the **VILLAGE** agrees to provide **OWNER** with a grant in an amount not to exceed EIGHT THOUSAND AND NO/100 DOLLARS (\$8,000) ("Grant") to pay for materials and contractor's

Work: The undertaking of labor by a contractor approved by the **VILLAGE** to accomplish the home improvements specified in Exhibit "3".

Subject Premises: The property commonly known as 8116 Keystone, Skokie, Illinois which is the **OWNER'S** principal residence.

VILLAGE.

Project: All of the home improvement work covered under the Grant from the Inspection Report: A document prepared on behalf of the **VILLAGE** based on an examination of the Subject Premises which specifies home improvement work which is eligible for a Grant under the Program.

- 2. **Definitions.** As used in this **AGREEMENT**, the following definitions shall apply:

1. **Representations.** The representations set forth in the foregoing recitals are material to this **AGREEMENT** and are hereby incorporated into and made part of this **AGREEMENT** as though they were fully set forth in their entirety in this Section 1.

NOW, THEREFORE, in consideration of the premises set forth above, and the mutual agreement herinafter set forth below, it is hereby agreed:

accordance with the objectives of the Program;

the following schedule:
15. Homeowner Sale of Subject Property. If the OWNER sells the Subject Premises or any interest in it is sold or transferred, within 15 years after receipt of grant funds OWNER expressly agrees to pay the VILLAGE back for the entire Grant or a portion thereof based on

14. Additional Documents. OWNER shall supply the VILLAGE with such other materials, documents and papers which the VILLAGE may require, from time to time.
OWNER with written approval for payment.

13. Payment to Contractors. The Parties agree that payments to the contractors shall not occur until the VILLAGE has inspected the completed Project and Work and provides the

12. Completion of Work. Upon completion of the Project and Work, OWNER shall deliver to the VILLAGE a contractor's waiver of lien and a certificate executed by the contractor or subcontractor, stating that the Project and Work is final and complete and is in compliance with all applicable federal, state and local laws, rules and regulations.

11. Contracts. OWNER must provide the VILLAGE with a copy of any and all contracts for the Project and Work to be completed. The contracts must be approved in writing by the VILLAGE. No modifications may be made to Village approved contracts without the prior written consent of the VILLAGE.

10. No Prior Agreements. OWNER has represented to the VILLAGE that no prior agreements have been entered into between the owner and any contractor for the project and work to be performed under this AGREEMENT.

9. Multiple Bids. OWNER agrees to obtain at least three (3) bids from qualified contractors for each project and work item. OWNER shall be required to utilize the Contractor who has submitted the lowest bid, unless otherwise approved by the VILLAGE.

8. Permits. OWNER is responsible for securing and paying for all necessary licenses and permits for the Project.

- a. Work required to correct existing code violations;
- b. Exterior home improvements;
- c. All other home improvements.

7. Priority of Improvements. The work to be performed shall be conducted in the following priority, subject to the approval of the VILLAGE:
pursuant to Section 16 of this AGREEMENT.

6. Homeowner's Representation. The Grant shall be issued to OWNER by the VILLAGE's reliance upon all information provided by the OWNER and all representations, exhibits, data and other materials submitted with and in support of OWNER's participation in the Program. Any misinformation or withholding of material information incident thereto shall, at the option of the VILLAGE, give rise to the VILLAGE'S right to terminate this AGREEMENT

c. An Income Disclosure Statement. Copies of the submitted document are attached hereto, marked Exhibit "6", "7" and "8" respectively and hereby made a part of this AGREEMENT.

16. Termination. This Agreement may be terminated at the **VILLAGES'** option by written notice to the **OWNER** upon the occurrence of any one or more of the following events:

a. Construction of the Project has not commenced within ninety (90) days of the date of this **AGREEMENT**.

b. If any statement or representation made by **OWNER** in its application to the **VILLAGES** shall prove untrue in any material respect, or if the **OWNER** shall have withheld any material information incident thereto.

Delay in the exercise of the **VILLAGES'** right to terminate shall not be construed as a waiver of any such right to terminate with regard to the occurrence of any specific event referred to above, and the **VILLAGES'** failure to act as to any such event shall not be construed as a waiver of its rights with respect to any subsequent event of default.

17. The Village Not a Joint Venture. The **VILLAGES** by executing this **AGREEMENT** or any action taken pursuant hereto or contemplated hereby shall not be deemed to be a partner or joint venturer with **OWNER** or Contractor or any other parties. **OWNER** indemnifies and holds the **VILLAGES** harmless from any and all liabilities, damages, claims, demands, costs and expenses resulting from such a construction of the Parties and their relationship. Any inspection of the Subject Premises or any analysis of the Project made by the **VILLAGES** is intended solely for the benefit of the **VILLAGES** and shall not be deemed to create or form the basis of any warranty, representation, covenant, implied promise or liability to the **OWNER** or its employees or agents, any guest or invitee upon the Subject Premises or any other person.

18. Indemnification. The **OWNER** hereby agrees and covenants to forever hold

YEAR FROM RECEIPT OF GRANT FUNDS	PERCENTAGE OF GRANT OWED VILLAGES
0-5	100%
6	50%
7	45%
8	40%
9	35%
10	30%
11	25%
12	20%
13	15%
14	10%
15	5%

Either Party may change the names and addresses of the persons to whom notices or copies thereof shall be delivered, by written notice to the VILLAGE or OWNER or Seller, as the case may be, in the manner herein provided for the service of notice.

- a. personally delivered;
- b. delivered by Federal Express or other overnight courier; or
- c. deposited in the U.S. Mail, by registered or certified mail, return receipt requested, postage prepaid.

Notices shall be deemed effective and properly delivered and received when and if either:

Skokie, IL 60076

8116 Keystone

Helen Pelleck

If to OWNER:

Skokie, IL 60077
5127 Oakton Street
Corporation Counsel

Skokie, IL 60077
5127 Oakton Street
Village Manager

With copies to:

Skokie, IL 60077
5127 Oakton Street
Attention: Village Clerk
Village of Skokie

If to VILLAGE:

Purchaser as follows:

21. Notices. All notices required or to be given pursuant hereto shall be in writing and either delivered personally or by a nationally recognized "over-night" courier service or mailed by United States certified or registered mail, postage prepaid, addressed to Seller and Purchaser as follows:

AGREEMENT, including the promise to pay the full amount owed.

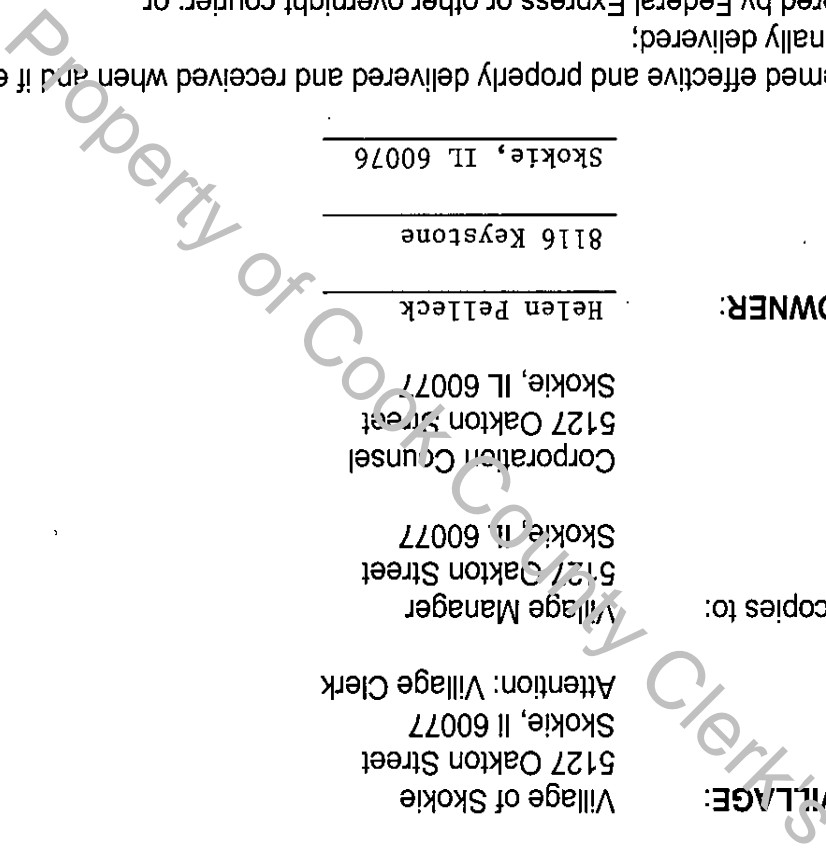
19. Recording of AGREEMENT. A copy of this AGREEMENT shall be recorded against the Subject Premises at the office of the Cook County Recorder of Deeds.

20. Multiple Homeowners. If more than one person has an ownership in the Subject Premises, each person is fully and personally obligated to keep all of the promises made in this AGREEMENT, including the promise to pay the full amount owed.

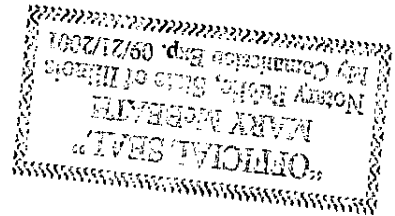
18. The provisions of this Section 18 shall survive the expiration or termination of this AGREEMENT.

AGREEMENT that may be made by OWNER, its guests, invitees, or any other person, firm, corporation or organization, for property damage or injury. The provisions of this Section 18 shall survive the expiration or termination of this AGREEMENT. A copy of this AGREEMENT shall be recorded against the Subject Premises at the office of the Cook County Recorder of Deeds.

AGREEMENT shall be deemed effective and properly delivered and received when and if either:



Property of Cook County Clerk's Office



Subscribed and sworn to before me this 17th day of March, 2001. Notary Public

By: *John A. Polich*
OWNER,

By: *Albert J. Rigoni*
Its Village Manager
VILLAGE OF SKOKIE,

- 22. Entire Binding Understanding; No Oral Modification. All prior understandings and agreements between the Parties are merged into this AGREEMENT.
- 23. Performance. Time is of the essence in this AGREEMENT.
- 24. Severability. Each provision of this AGREEMENT is severable from all other provisions of this AGREEMENT and, if one or more of the provisions of this AGREEMENT shall be declared invalid, the remaining provisions of this AGREEMENT shall nevertheless remain in full force and effect.
- 25. Headings. The headings or titles of the Sections or Paragraphs in this AGREEMENT are for convenience only, are not a part of this AGREEMENT, and shall not be used as an aid in the construction of any provisions hereof.
- 26. Due Authority. Each Party signing this AGREEMENT represents and warrants that they have full right and authority to enter into and perform this AGREEMENT in accordance with the terms hereof.

Property of Cook County Clerk's Office

LOT 58 AND THE SOUTH 11 FEET OF LOT 59 IN KRENN AND DATO'S CRAWFORD-KEELER AVENUE SUBDIVISION OF THE WEST 15 ACRES OF LOT 5 IN SUPERIOR COURT PARTITION OF THE SOUTHWEST 1/4 OF SECTION 23 AND THE EAST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 22, TOWNSHIP 41 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Legal Description:

Additional Tax Numbers:

Order No.: 1401 99548256 SP

TRACT INDEX SEARCH

400 S. JEFFERSON, CHICAGO, IL 60607

CHICAGO TITLE INSURANCE COMPANY



Exhibit 1

VILLAGE OF SKOKIE
HOUSING IMPROVEMENT PROGRAM

APPLICATION

Section 1 - Applicant Information

Name: HELEN A PELECK
Address: 8116 KEYSTONE
Telephone: Home 6798394 Work _____
Total Household Income: 15,000/yr No. of Persons in Household 1

Section 2 - Eligibility Statement

PROGRAM APPLICANTS MUST MEET THE FOLLOWING ELIGIBILITY CRITERIA IN ORDER TO PARTICIPATE IN THE SKOKIE HOME IMPROVEMENT PROGRAM

1. The program applicant's total household income may not exceed the moderate and low household income limits established by the Federal Government;
2. The program applicant must be a Skokie resident and must live in and own the home to be improved or repaired; and
3. The program applicant's home, which is to be improved, must be a single-family house, townhouse, condominium, cooperative, etc.

Section 3 - Required Information

This application cannot be processed until all of the documents and information listed below are provided. Since all applications will be processed on a first-come first-serve basis, it is extremely important that the applicant provide the documents and information as quickly as possible.

1. Tax Form 1040/1040A Submitted? Yes ___ No ___ N.A. **SSI STATEMENTS**
2. Affidavit of income submitted? Yes No ___
3. Income disclosure statement? Yes No ___

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The Village has no responsibility or liability for damages or injury of any kind occurring as a result of my participation in this program

I consent to and authorize the Village and/or lender, after the giving of reasonable notice to enter the improved property for the sole purpose of determining that the improvements specified in this application have been completed. The Village's inspection of the work will be to certify completion only, no determination will be made as to the quality or adequacy of material or workmanship, and,

The Village will in no way warrant or guarantee any of the work performed and it is my responsibility to determine the acceptability of all material used and work performed by the contractor.

It is my responsibility to hire a contractor to complete the improvement work for which the grant/loan is approved and to pay the contractor once the work is certified as completed by the Village of Skokie Building Department.

The Village will subsidize the interest on a maximum loan of \$8,000 down to Zero (0) percent interest on a four (4) year loan if I am certified as a moderate income participant.

The Village will only subsidize the interest rate on a housing improvement loan made to me by a local lending institution participating in this program and that I am totally responsible, as the applicant, for repaying the loan to the lending institution. The Village will not in anyway insure the repayment of my loan.

Approval of my application by the Village as a moderate income applicant does not assure that I will be eligible for a loan from a lending institution participating in the program.

The Village will give me a maximum grant amount of \$8,000 to complete eligible home improvement work if I am certified as a low-income applicant and funds are available. I will not be liable to repay this grant unless I have violated the program requirements.

As an applicant for the Village of Skokie Housing Improvement Program, I understand that:

Section 4 - Statement of Applicant Understanding.

- 4. Village Home Inspection Report? Yes No
- 5. Three (3) bids from contractors for improvement work specified in the energy audit or Village Inspection? Yes No
- 6. Proof of Home Ownership? Yes No
- 7. Grant/Loan amount requested? \$ 8,000.00

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Section 5 - Signature

I hereby state that I have read, understand and consent to all of the above conditions that the information given by me is completed and is correct to the best of my knowledge, and that I have not knowingly made any false statements concerning this application.

Lucas A. Pelech

Applicant's Signature

2/21/01

Date

Applicant's Signature

Date

Property of Cook County Clerk's Office

CASE HISTORY REPORT
CASE NUMBER 01-00000398

PREPARED 3/21/01, 14:07:58
PROGRAM CE200L
Village of Skokie

PROPERTY INDEX NUMBER
ADDRESS
GRANT-LOAN PROGRAM
10-22-422-042-0000
8116 KEYSTONE AVE
SKOKIE IL 60076

DATE ESTBL
INSPECTOR
2/21/01
CARL CELESTINO

TENANT NAME
ACTIVE

TENANT NBR
2/21/01

STATUS
ACTIVE

DATE RESOLVED
2/27/01
2/27/01
2/27/01
2/27/01

QTY CODE
1 SMOKE DETECTORS

DESCRIPTION
705.5 NARRATIVE: PROVIDE OPERABLE SMOKE DETECTOR IN HALLWAY, OFF BEDROOM.
304.11 NARRATIVE: MUD-JACK/LEVEL SETTLED FRONT ENTRANCE CONCRETE SLAB.
304.14 NARRATIVE: REPLACE ALL OLD/ORIGINAL WINDOWS WITH THERMAL PANES.

STATUS
ACTIVE

Property of Cook County Clerk's Office

0010287020

CASE TYPE _____ DATE ESTBL _____ STATUS _____
 Property Index Number _____ INSPECTOR _____ TENANT NAME _____
 ADDRESS _____ 2/21/01 _____ TENANT NBR _____
 GRANT-LOAN PROGRAM _____ CARL CELESTINO _____ ACTIVE _____
 10-22-422-042-0000 _____
 8116 KEYSTONE AVE _____ IL 60076 _____
 SKOKIE _____

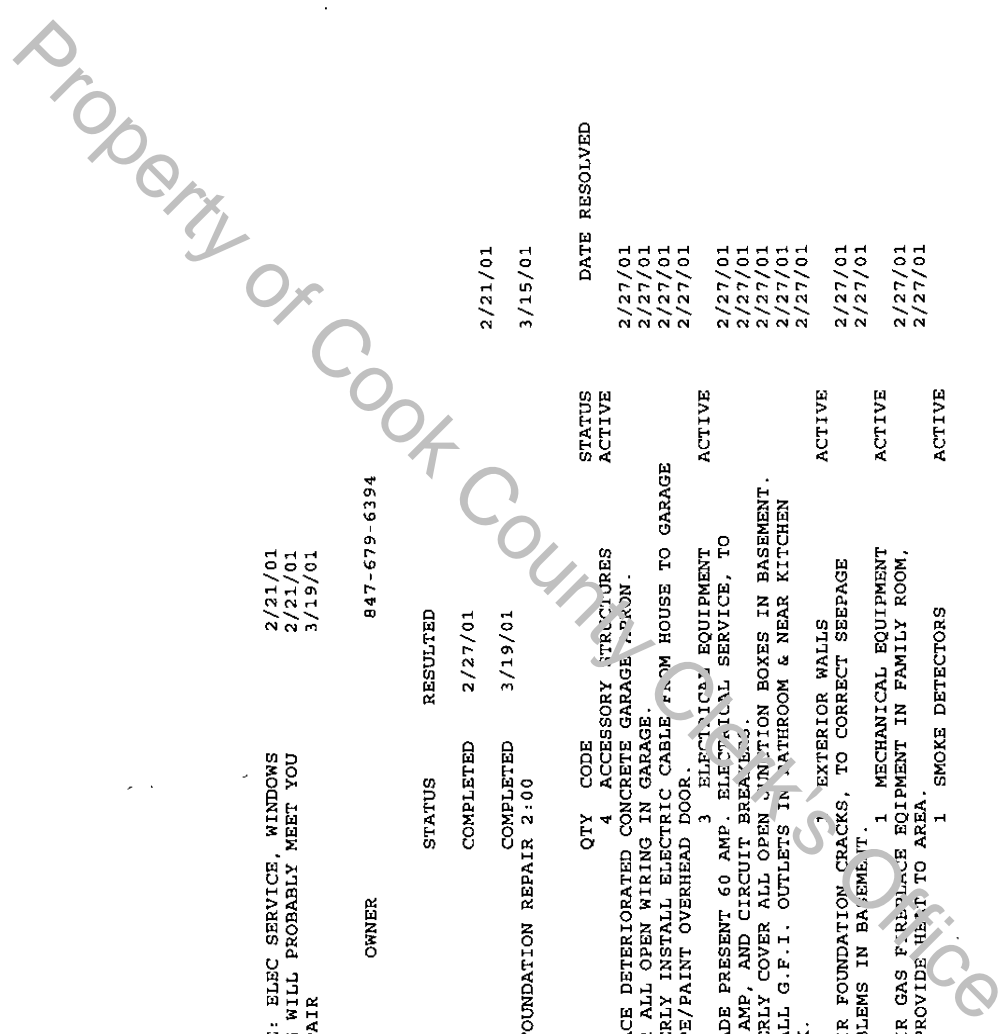
CASE DATA: CITATION NUMBER #1.....
 DATE/TIME OF VIOLATION #1.....
 CITATION NUMBER #2.....
 DATE/TIME OF VIOLATION #2.....
 CITATION NUMBER #3.....
 DATE/TIME OF VIOLATION #3.....
 TYPE OF USE.....
 GRANT OR LOAN.....
 MISCELLANEOUS.....

NARRATIVE: GRANT PROGRAM INSPECTION NOTE: ELEC SERVICE, WINDOWS 2/21/01
 AND BASEMENT SEEPAGE/WATER SOM WILL PROBABLY MEET YOU 2/21/01
 APPT ON MON FOR FOUNDATION REPAIR 3/19/01

NOTICE NAMES: PELECK, HELEN OWNER 847-679-6394

HISTORY:	SCHEDULED	ACTION	STATUS	RESULTED	STATUS	DATE RESOLVED
	2/26/01	INSPECTION	COMPLETED	2/27/01	ACTIVE	2/21/01
	3/19/01	INSPECTION	COMPLETED	3/19/01	ACTIVE	3/15/01
		POST TEXT:	FOR FOUNDATION REPAIR 2:00			

VIOLATIONS:	DATE	DESCRIPTION	QTY	CODE	STATUS	DATE RESOLVED
	2/27/01	303.7 NARRATIVE: REPLACE DETERIORATED CONCRETE GARAGE APRON. COVER ALL OPEN WIRING IN GARAGE. PROPERLY INSTALL ELECTRIC CABLE FROM HOUSE TO GARAGE SCRAPE/PAINT OVERHEAD DOOR.	4	ACCESSORY STRUCTURES	ACTIVE	2/27/01
	2/27/01	605.1 NARRATIVE: UPGRADE PRESENT 60 AMP. ELECTRICAL SERVICE, TO 100 AMP, AND CIRCUIT BREAKERS. PROPERLY COVER ALL OPEN JUNCTION BOXES IN BASEMENT. INSTALL G.F.I. OUTLETS IN BATHROOM & NEAR KITCHEN SINK.	3	ELECTRICAL EQUIPMENT	ACTIVE	2/27/01
	2/27/01	304.6 NARRATIVE: REPAIR FOUNDATION CRACKS, TO CORRECT SEEPAGE PROBLEMS IN BASEMENT.	1	EXTERIOR WALLS	ACTIVE	2/27/01
	2/27/01	603.1 NARRATIVE: REPAIR GAS FURNACE EQUIPMENT IN FAMILY ROOM, TO PROVIDE HEAT TO AREA.	1	MECHANICAL EQUIPMENT	ACTIVE	2/27/01
	2/27/01	705.5 NARRATIVE: 1 SMOKE DETECTORS	1	SMOKE DETECTORS	ACTIVE	2/27/01





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CHICAGO TITLE INSURANCE COMPANY

Exhibit 4

400 S. JEFFERSON, CHICAGO, IL 60607

(312) 223-2582

TRACT INDEX SEARCH

VILLAGE OF SKOKIE
5127 OAKTON
SKOKIE, ILLINOIS 60077
TERRY OLINE

CTIC Order No.: 1401 S9548256 SP
Cover Date: MARCH 8, 2001
Ref: 8116 KEYSTONE AVE

RP/RB

Legal Description of Land Searched: (See Attached)

Permanent Tax Number (P.I.N.):
10-22-422-042-0000

Street Address of Land Search (as furnished by Applicant):
8116 KEYSTONE
SKOKIE, ILLINOIS

Grantee(s) in last recorded conveyance:
ROMAN PELECK AND HELEN A. PELECK (JOINTLY)

In accordance with the application, a search of tract indices discloses the following items. With respect to residential properties, we may not have shown mortgages, trust deeds, or other liens which were eliminated by transactions closed through CTIC or Chicago Title and Trust Company.

DOCUMENT/CASE NO.: 22176817
GRANTOR: WILLIAM A. HOGAN & WIFE MARION J.
GRANTEE: ROMAN PELECK & HELEN A. PELECK, JTLY
INSTRUMENT: WD
DATE: 12/07/72
RECORDED: 01/04/73
REMARKS: ---

DOCUMENT/CASE NO.: 90127910
GRANTOR: COUNTY COLLECTOR
GRANTEE: (RE: OF PROPERTY TAX DEFERRAL LIEN)
INSTRUMENT: NOTICE
DATE: 01/31/90
RECORDED: 03/22/90
REMARKS: ---

DOCUMENT/CASE NO.: 91149483
GRANTOR: COUNTY COLLECTOR
GRANTEE: HELEN A. PELECK
INSTRUMENT: NOTICE
DATE: 03/26/91
RECORDED: 04/03/91
REMARKS: ---

(CONTINUED)

CHICAGO TITLE INSURANCE COMPANY

By: _____

SEE ATTACHED FOR TERMS AND CONDITIONS OF SEARCH AND EXPLANATION OF ABBREVIATIONS
This is not a title insurance policy, guarantee, or opinion of title and should not be relied upon as such.



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CHICAGO TITLE INSURANCE COMPANY

Order No.: 1401 S9548256 SP

Disclosures (Continued):

DOCUMENT/CASE NO.: 92246860
 GRANTOR: COUNTY COLLECTOR
 GRANTEE: HELEN A. PELECK
 INSTRUMENT: NOTICE
 DATE: 02/05/92
 RECORDED: 04/10/92
 REMARKS: ---

DOCUMENT/CASE NO.: 93276636
 GRANTOR: COUNTY COLLECTOR
 GRANTEE: HELEN A. PELECK
 INSTRUMENT: NOTICE
 DATE: 02/04/93
 RECORDED: 04/14/93
 REMARKS: ---

DOCUMENT/CASE NO.: 94407643
 GRANTOR: COUNTY COLLECTOR
 GRANTEE: HELEN A. PELECK
 INSTRUMENT: NOTICE
 DATE: 04/01/94
 RECORDED: 05/05/94
 REMARKS: ---

DOCUMENT/CASE NO.: 95320403
 GRANTOR: COUNTY COLLECTOR
 GRANTEE: HELEN PELECK
 INSTRUMENT: NOTICE
 DATE: 03/27/95
 RECORDED: 05/16/95
 REMARKS: ---

DOCUMENT/CASE NO.: 95328132
 GRANTOR: COUNTY COLLECTOR
 GRANTEE: HELEN PELECK
 INSTRUMENT: NOTICE
 DATE: 04/05/95
 RECORDED: 05/18/95
 REMARKS: ---

DOCUMENT/CASE NO.: 95331732
 GRANTOR: COOK COUNTY COLLECTOR
 GRANTEE: HELEN PELECK
 INSTRUMENT: NOTICE
 DATE: 04/05/95
 RECORDED: 05/22/95
 REMARKS: ---

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CHICAGO TITLE INSURANCE COMPANY

Order No.: 1401 S9548256 SP

Disclosures (Continued):

DOCUMENT/CASE NO.: 96335927
GRANTOR: HELEN A. PELECK (WID NOT REMRD)
GRANTEE: SENIOR INCOME REVERSE MTG CORP
INSTRUMENT: M
DATE: 04/26/96
RECORDED: 05/02/96
REMARKS: \$228,543.00

DOCUMENT/CASE NO.: 96335928
GRANTOR: SENIOR INCOME REVERSE MTG CORP
GRANTEE: WENDOVER FUNDING INC
INSTRUMENT: A
DATE: 04/26/96
RECORDED: 05/02/96
REMARKS: IN 96335927

DOCUMENT/CASE NO.: 96335929
GRANTOR: HELEN A. PELECK (WID NOT REMRD)
GRANTEE: SECRETARY OF HOUSING & URBAN DEVELOPMENT
INSTRUMENT: M
DATE: 04/26/96
RECORDED: 05/02/96
REMARKS: \$228,543.00

VILLAGE OF SKOKIE
HOUSING IMPROVEMENTS PROGRAM
INCOME LIMITS

<u>No. of Persons in Household</u>	<u>GRANT</u>	<u>LOAN</u> Zero (0) Percent Interest
	<u>Very Low-Income</u>	<u>Low-Income</u>
1	\$23,750	\$35,150
2	\$27,150	\$40,150
3	\$30,550	\$45,200
4	\$33,950	\$50,200
5	\$36,650	\$54,200
6	\$39,400	\$58,250
7	\$42,100	\$62,250
8	\$44,800	\$66,250

NOTE: HOUSEHOLD INCOME IS THE TOTAL INCOME OF ALL HOUSEHOLD MEMBERS EIGHTEEN (18) YEARS OR OLDER WHO CONTRIBUTE TO THE HOUSEHOLD.

SOURCE: HUD SECTION 8 PROGRAM INCOME LIMITS FOR THE CHICAGO, SMSA, EFFECTIVE 02/01/00 REVISED.

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Exhibit 6

FORM SSA-1099 — SOCIAL SECURITY BENEFIT STATEMENT

2000 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name HELEN A PELECK		Box 2. Beneficiary's Social Security Number 320-10-9642	
Box 3. Benefits Paid in 2000 \$10,182.00	Box 4. Benefits Repaid to SSA in 2000 NONE	Box 5. Net Benefits for 2000 (Box 3 minus Box 4) \$10,182.00	
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$9,636.00 Medicare premiums deducted from your benefit \$546.00 Total Additions \$10,182.00		DESCRIPTION OF AMOUNT IN BOX 4 NONE	
		Box 6. Voluntary Federal Income Tax Withheld NONE	
		Box 7. Address HELEN A PELECK 3116 N KEYSTONE SARASOTA FL 34231-3340	
		Box 8. Claim Number (Use this number if you need to contact SSA.) 320-10-9642A	

Form SSA-1099-SM (1-2001)

DO NOT RETURN THIS FORM TO SSA OR IRS

UNOFFICIAL COPY

1099 DTE:02/21/01 SSN:320-10-9642 DOC:504 UNIT:BW PG: 001

++++FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT - 1999++++
+PART OF YOUR SOCIAL SECURITY BENEFITS MAY BE TAXABLE INCOME FOR 1999.
+USE \$ 9942.00 FROM BOX 5 BELOW WITH IRS NOTICE 703 TO SEE IF ANY PART
OF YOUR BENEFITS MAY BE TAXABLE ON YOUR FEDERAL INCOME TAX RETURN.
+ALSO SEE ATTACHED GENERAL INFORMATION.

- BOX 1. NAME-HELEN A PELECK
BOX 2. BENEFICIARY SOCIAL SECURITY NUMBER-320-10-9642 (SEE BOX 8 BELOW)
BOX 3. BENEFITS FOR 1999- \$ 9942.00 (SEE DESCRIPTION OF AMOUNT IN BOX 3 BELOW)
BOX 4. BENEFITS REPAID TO SSA IN 1999-NONE
(SEE DESCRIPTION OF AMOUNT IN BOX 4 BELOW)
BOX 5. NET BENEFITS (BOX 3 MINUS BOX 4) FOR 1999-\$ 9942.00
BOX 6. VOLUNTARY FEDERAL INCOME TAX WITHHELD-NONE
BOX 7. ADDRESS-HELEN A PELECK 8116 N KEYSTONE
SKOKIE IL 60076-3340
BOX 8. CLAIM NUMBER-320-10-9642A (USE THIS NUMBER IF YOU NEED TO CONTACT SSA)

+++DESCRIPTION OF AMOUNT IN BOX 3+++
ADD:

Table with 2 columns: Description and Amount. Rows include PAID BY CHECK OR DIRECT DEPOSIT (\$9396.00), MEDICARE PREMIUMS DEDUCTED (\$546.00), WORKERS COMPENSATION OFFSET (\$0.00), DEDUCTIONS FOR WORK OR OTHER ADJUSTMENTS (\$0.00), PAID TO ANOTHER FAMILY MEMBER (\$0.00), ATTORNEY FEES AND/OR SSI OFFSET (\$0.00), VOLUNTARY FEDERAL INCOME TAX WITHHELD (\$0.00), BENEFIT PAYMENT OFFSET - TREASURY (\$0.00), and TOTAL ADDITIONS (\$9942.00).

SUBTRACT:

Table with 2 columns: Description and Amount. Rows include NONTAXABLE PAYMENTS (\$0.00), AMOUNTS FOR OTHER FAMILY MEMBERS PAID TO YOU (\$0.00), TOTAL SUBTRACTIONS (\$0.00), and BENEFITS FOR 1999 (AMOUNT SHOWN IN BOX 3) (\$9942.00).

+++DESCRIPTION OF AMOUNT IN BOX 4+++

Table with 2 columns: Description and Amount. Rows include CHECKS RETURNED TO SSA (\$0.00), DEDUCTIONS FOR WORK OR OTHER ADJUSTMENTS (\$0.00), OTHER REPAYMENTS (\$0.00), and BENEFITS REPAID TO SSA IN 1999 (AMOUNT SHOWN IN BOX 4) (\$0.00).

Social Security Administration
2115 Green Bay Rd.
Evanston, IL 60201-3020

Social Security Administration
2115 Green Bay Rd.
Evanston, IL 60201-3020

FORM 2

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

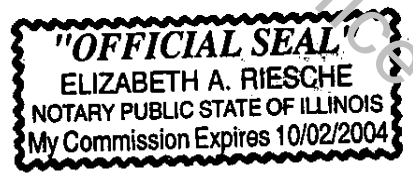
AFFIDAVIT OF INCOME

HELEN PELICK, BEING FIRST DULY SWORN, ON OATH,
DEPOSES AND SAYS THAT MY TOTAL GROSS HOUSEHOLD INCOME FOR THE LAST
TAX YEAR WAS \$ 15,000, AND THAT MY TOTAL INCOME FOR THIS
YEAR WILL NOT EXCEED \$ 15,000 BASED ON A CURRENT MONTHLY
INCOME OF \$ 1226.00.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 21st DAY OF
February, 2001
(MONTH) (YEAR)

Helen A. Pelick
SIGNATURE

SIGNATURE



Elizabeth A. Riesche
NOTARY PUBLIC

UNOFFICIAL COPY

Exhibit 8

VILLAGE OF SKOKIE

HOUSING IMPROVEMENT PROGRAM

INCOME DISCLOSURE STATEMENT

Applicant's Name HELEN PELECK Date 2/20/01

Address 8116 KEYSTONE

Telephone: Home 679-6394 Work _____

1. Applicant's Total Household Income for the last tax year?

\$ 15,000

2. Applicant's Total ADJUSTED GROSS Income as listed on your last reported Income Tax Form 1040/1040A \$ 15,000

3. If total household income is greater than the income listed on the applicant's Form 1040/1040A, list each household member eighteen (18) years old or older who contributes to the household income:

<u>NAME</u>	<u>ANNUAL INCOME</u>
_____	_____
_____	_____
_____	_____

Total income contributed by other household members? \$ 0

Please provide the following information for each household member over 18 years of age who receives any income from any source.

(a) Employment

Name of person employed _____

Name of Company where you are employed _____

Address of Company _____

City & State _____

Telephone _____ Zip Code _____

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1. COLE TAYLOR 0653 42321 1293 \$400.00 CR N.A.
 Name of Bank _____
 Acct. # _____
 Present Balance _____
 Paid Per Year _____
 Rate of Interest _____

Bank Accounts (f)
 Telephone _____
 City & State _____
 Zip Code _____
 Address _____
 Source _____
 Any other income not covered above (e)

City & State _____ CH: IL Zip Code 60603
 Address of Company 55 E. MADISON ST. SUITE 2880
 Name of Company where pension is received from
 Name of person receiving pension HELEN PELICK
 Name of person receiving benefits from PARK EMPLOYEES ANNUITY FUND

Pension (d)
 City and State _____ CH: IL Zip Code 60661-2474
 Office Address 600 W. MADISON ST. Soc. Sec. # 320-10-9642
 Name of person receiving benefits HELEN PELICK
 Social Security (Survivor's Benefits, SST, Retirement, Disability, and etc.) (c)

Public Assistance (ADC, General Assistance, etc.) (b)
 Recipient's Name _____
 Public Aid Case _____
 Caseworker's Name _____
 Address of Office _____
 Telephone _____

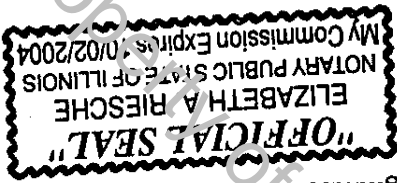
0010287020

UNOFFICIAL COPY

Elizabeth A. Riesche
Notary Public

this 21 day of February (Month) 2001 (Year)

Subscribed and sworn to before me



Applicant's Signature

John A. Skokie

Date

2/21/01

I hereby certify under oath that the above information is true, complete, and correct, and I authorize the Village of Skokie to check all of the above listed Financial Data and Reference.

Yes No Percent Value of Interest?

Do you or any member of your household own any interest in any real estate other than your home?

- 1. _____
- 2. _____
- 3. _____

(g) Stocks, Bonds or Securities Name of Securities Present Value Dividends or Interest Paid Per Year